

NEW HAMPSHIRE

## Corporation Division

Search  
By Business Name  
By Business ID  
By Registered Agent  
Annual Report  
File Online

Date: 5/1/2013

## Filed Documents

(Annual Report History, View Images, etc.)

## Business Name History

Name	Name Type
Industrial Village, LLC	Legal

## Limited Liability Company - Domestic - Information

Business ID:	567503
Status:	Good Standing
Entity Creation Date:	11/14/2006
Principal Office Address:	#2 Route 111 Atkinson NH 03811
Principal Mailing Address:	#2 Route 111 Atkinson NH 03811
Last Annual Report Filed Date:	3/25/2013
Last Annual Report Filed:	2013

## Registered Agent

Agent Name:	Caras, Diane
Office Address:	130 Route 111 Hampstead NH 03841
Mailing Address:	

**Important Note:** The status reflected for each entity on this website only refers to the status of the entity's filing requirements with this office. It does not necessarily reflect the disciplinary status of the entity with any state agency. Requests for disciplinary information should be directed to agencies with licensing or other regulatory authority over the entity.

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Industrial  
Village

Corporation Division

Entity Name: [REDACTED]

Entity Type: [REDACTED]

Business Address: [REDACTED]

City: [REDACTED] State: [REDACTED] Zip: [REDACTED]

Principal Office Address: [REDACTED]

City: [REDACTED] State: [REDACTED] Zip: [REDACTED]

Telephone: [REDACTED]

Fax: [REDACTED]

Website: [REDACTED]

Annual Report Filed: [REDACTED]

Last Annual Report Filed Date: [REDACTED]

Agent Name: [REDACTED]

Agent Address: [REDACTED]

City: [REDACTED] State: [REDACTED] Zip: [REDACTED]

Telephone: [REDACTED]

Fax: [REDACTED]

Website: [REDACTED]

Important Note: The information provided for use on this website only relates to the status of the entity's filing requirements with this office. It does not necessarily reflect the disciplinary status of the entity with any state agency. Requests for disciplinary information should be directed to agencies with jurisdiction over the entity.

# State of New Hampshire

Business ID: 567503  
William M. Gardner  
Secretary of State

Fee for Form SRA: \$50.00  
Filing fee: \$50.00  
Total fees \$100.00

Form No. LLC 1  
RSA 304-C:12

Use black print or type.

Form must be single-sided, on 8½" x 11" paper;  
double sided copies will not be accepted.

## CERTIFICATE OF FORMATION NEW HAMPSHIRE LIMITED LIABILITY COMPANY

THE UNDERSIGNED, UNDER THE NEW HAMPSHIRE LIMITED LIABILITY COMPANY LAWS  
SUBMITS THE FOLLOWING CERTIFICATE OF FORMATION:

FIRST: The name of the limited liability company Industrial Village, LLC

SECOND: The nature of the primary business or purposes are to engage in, investment in, and ownership,  
construction and development of real estate and interests therein, including buying, constructing, remodeling, acquir-  
ing, owning, operating, building, renovating, selling, financing, refinancing, disposing of and otherwise dealing with  
interests in real estate.

THIRD: The name of the limited liability company's registered agent is Diane Caras

and the **street address**, town/city (including zip code and post office box, if any) of its registered office is  
(agent's business address) 130 Route 111, Hampstead, New Hampshire 03841

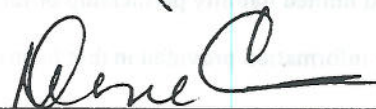
FOURTH: The latest date on which the limited liability company is to dissolve is none

FIFTH: The management of the limited liability company is vested in a manager or managers.

Dated NOV 13, 2006

Effective as of

12:35 p.m.

\*Signature: 

Print or type name: Diane Caras

Title: Manager

(Enter "manager" or "member")

\*Must be signed by a **manager**; if no manager, must be signed by a **member**.

DISCLAIMER: All documents filed with the Corporation Division will be publicly avai

State of New Hampshire  
Form LLC 1 - Certificate of Formation 2 Page(s)





**Form SRA – Addendum to Business Organization and Registration Forms**  
**Statement of Compliance with New Hampshire Securities Laws**

**Part I – Business Identification and Contact Information**

Business Name: Industrial Village, LLC

Business Address (include city, state, zip): 130 Route 111, Hampstead, NH 03841

Telephone Number: (978) 689-2470 E-mail: \_\_\_\_\_

Contact Person: Diane Caras

Contact Person Address (If Different): \_\_\_\_\_

**Part II – Check ONE of the following items in Part II** If more than one item is checked, this form will be rejected.  
[PLEASE NOTE: Most small businesses registering in New Hampshire qualify for the exemption in Part II, Item 1 below. However, you must insure that your business meets all of the requirements spelled out in A), B) and C)]:

1. ☒ Ownership interests in this business are exempt from the registration requirements of the state of New Hampshire because the business meets ALL of the following three requirements:

- A) This business has 10 or fewer owners; and
- B) Advertising relating to the sale of ownership interests has not been circulated; and
- C) Sales of ownership interests – if any – will be completed within 60 days of the formation of this business.

2. ☐ This business will offer securities in New Hampshire under another exemption from registration or will notice file for federal covered securities. Enter the citation for the exemption or notice filing claimed - \_\_\_\_\_

3. ☐ This business has registered or will register its securities for sale in New Hampshire. Enter the date the registration statement was or will be filed with the Bureau of Securities Regulation - \_\_\_\_\_

4. ☐ This business was formed in a state other than New Hampshire and will not offer or sell securities in New Hampshire.

**Part III – Check ONE of the following items in Part III:**

1. ☒ This business is not a New Hampshire corporation or limited partnership. (ALL LLC's should check this item.)

2. ☐ This business is a New Hampshire corporation or limited partnership and the articles of incorporation or certificate of limited partnership states whether capital stock or interests will be sold or offered for sale.

**Part IV – Certification of Accuracy**

(NOTE: The information in Part IV must be certified by: 1) all of the incorporators of a corporation to be formed; or 2) an executive officer of an existing corporation; or 3) all of the general partners or intended general partners of a limited partnership; or 4) one or more authorized members or managers of a limited liability company; or 5) one or more authorized partners of a registered limited liability partnership or foreign registered limited liability partnership.)

I (We) certify that the information provided in this form is true and complete. (Original signatures only)

Name (print): Diane Caras Signature: 

Name (print): \_\_\_\_\_ Signature: \_\_\_\_\_

Name (print): \_\_\_\_\_ Signature: \_\_\_\_\_

Date: 11/13/06



# State of New Hampshire 2013 ANNUAL REPORT

The following information shall be given as of January 1  
preceeding the due date Pursuant to RSA 304-C:80.

REPORT DUE BY April 1, 2013

ANNUAL REPORTS RECEIVED AFTER THE DUE DATE  
WILL BE ASSESSED A LATE FEE.

Filed

Date Filed: 03/25/2013

Business ID: 567503

William M. Gardner

Secretary of State

INDUSTRIAL VILLAGE, LLC

#2 ROUTE 111

ATKINSON, NH 03811

## ADDRESS OF PRINCIPAL OFFICE:

#2 ROUTE 111

ATKINSON, NH 03811

## REGISTERED AGENT AND OFFICE:

CARAS, DIANE

130 ROUTE 111

HAMPSTEAD, NH 03841

ENTITY TYPE: LLC

BUSINESS ID: 567503

STATE OF DOMICILE: NEW HAMPSHIRE

CONSTRUCTION/REAL ESTATE

If changing the mailing or principal office address, please check the appropriate box and fill in the necessary information.

☐

The new mailing address

☐

The new principal office address

PO Box is acceptable.

## MANAGERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

LIST AT LEAST ONE MANAGER BELOW OR MEMBER ON RIGHT

MANA. Diane Caras  
STREET 44 North Shore Dr  
CITY/STATE/ZIP Derry Nh 03038

NAME .....  
STREET .....  
CITY/STATE/ZIP .....  
NAME .....  
STREET .....  
CITY/STATE/ZIP .....  
NAME .....  
STREET .....  
CITY/STATE/ZIP .....

## MEMBERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

MUST LIST AT LEAST ONE MEMBER BELOW IF NO MANAGERS

MEMB. Diane Caras  
STREET 44 North Shore Dr  
CITY/STATE/ZIP Derry Nh 03038

NAME .....  
STREET .....  
CITY/STATE/ZIP .....  
NAME .....  
STREET .....  
CITY/STATE/ZIP .....  
NAME .....  
STREET .....  
CITY/STATE/ZIP .....

NAMES AND ADDRESSES OF ADDITIONAL MANAGERS/MEMBERS ARE ATTACHED

To be signed by the manager, if no manager, must be signed by a member.

I, the undersigned, do hereby certify that the statements on this report are true to the best of my information, knowledge and belief.

Sign here: Diane Caras

Please print name and title of signer: Diane Caras  
NAME

/ MANAGER  
TITLE

FEE DUE: \$100.00

E-MAIL ADDRESS (OPTIONAL):



056750320131003

WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A  
PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE  
REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED

MAKE CHECK PAYABLE TO SECRETARY OF STATE

RETURN COMPLETED REPORT AND PAYMENT TO:

New Hampshire Department of State, Annual Reports, 107 N. Main St., Room 204, Concord, NH 03301



